**October 2019 1**

OUTREACH TEACHING SERVICES

(including SVS COHORT)

# JANUARY 2023

Please indicate (x) below the provision you are referring to:

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| **OUTREACH PACKAGE REQUEST – Please tick all that apply** | **OTHER PACKAGE REQUEST** |
| **1:1 Outreach** (EYFS, KS1, 2, 3 & 4)NB: Half & full days are available and must be commissioned for a minimum of one term – please specify preference |  | **Consultation** |  |
| **For 1:1 Outreach - Preferred number of half/full days per week:** |  | **CPD/training**(Please specify): |  |
| **1:1 Mentoring** (KS2, KS3, KS4)NB: Half & full days are available and must be commissioned for a minimum of one term – please specify preference |  |
| **For 1:1 Mentoring - Preferred number of half/full days per week:** |  |
| **KS3/KS4 Group – Refocus Project/Resilience Project** (please specify)NB: This is 2 full days per week for a minimum of one term |  | **Other** (Bespoke request) |  |
| **KS3/KS4 Group – Reset Project** NB: This is 1 full day per week for a minimum of one term |  |
| **Attendance Champion** (max 5 pupils at a time)NB: Please just complete ‘School Details’ and sign/date referral form – pupil info will be collected separatelyPlease specify below which programme you require: |  |
| **Attendance Champion – ‘Five Day Focus’ (daily morning sessions)** |  |
| **Attendance Champion – ‘Focus Friday’ (all day Friday)** |  |

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| **SUFFOLK VIRTUAL SCHOOL REFERRAL –** to be agreed by the Suffolk Virtual SchoolSVS Lead who has agreed the referral:Agreed by: (SVS lead name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **PUPIL PROVISION SUPPORT** |
| Subject Specific Learning |  | Social and Emotional Support |  |
| Technical Learning |  | Transition Support |  |
| Attendance |  | Other – please specify |  |
| **Please indicate areas of interest below:**Eg: Sport and Leisure, Art, Drama, Music, Dance, Mechanics, Construction, Hair and Beauty, Child Development, Outdoor Learning. or others if known:  |

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| **PUPIL DETAILS – please complete ALL sections:** |
| Name: |  | Year Group: |  |
| DOB: |  | UPN: |  |
| Gender: |  | Ethnic Origin: |  |
| PPG: | Yes / No | FSM:  | Yes / No | First Language: |  |
| SEN Status: | N | K | E | Child Protection Status: |  |
| Primary Need: |  | CIC:  | Yes / No |
| Is there an open CAF? | Yes/NoLead professional: | Is the child under a CIN plan? | Yes/NoLead professional: |

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| Any CAMHS diagnosis: |  | Medication for diagnosis: |  |
| Other medical details, diagnosis or disabilities: |
| Specific dietary requirements: |

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|  **PARENT/CARER DETAILS** |
| Name: |  | Address: |
| Contact number: |  |
| Email: |  |
|  **SOCIAL WORKER DETAILS** |
| Name: |  | Address: |
| Contact number: |  |
| Email: |  |

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|  **SCHOOL DETAILS** |
| School: |  | Telephone: |  |
| \* Key school contact & role: |  | Email: |  |
| School Designated Safeguarding Lead & Role: |  | Email: |  |
| Attendance contact: *(to send weekly attendance data to)* |  | Email: |  |
| Other professionals *(eg: Family Support Worker)* Contact & role: |  | Email: |  |

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|  **TRANSPORT REQUIREMENTS** |
| * Please note that in some instances, transport may be required.
* Any transport requirements will be recharged separately.
* It is the responsibility of the referring school to ensure that the child/young person being referred has adequate transport arrangements in place.
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|  **SCHOOL HISTORY** |
| **Previous Schools – Most Recent First:** | **From:** |  **To:** |
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| **ATTENDANCE HISTORY** |
| Current attendance this term: % | Current year’s attendance: % | Last year’s attendance: % |
| Previous exclusions (dates/reasons): |
|  **NB:** Once your pupil is receiving Raedwald Trust support they must be marked on their home schoolregister as **‘B’** for the sessions they are being taught by Raedwald Trust. *Further information can be found in our admissions policy.* |
|  **CURRENT PROVISION (please indicate by highlighting below the most recent provision)** |
| AttendingFull-time | AttendingPart-time | Fully in class | Partially in class | Not in class | Full-time1:1 support |
| Partial 1:1 support | Able to access small group | Able to access lunch | Able to access break | Able to access assembly | Able to access clubs / trips / activities |
| Other:Or if necessary, please be specific about the above (eg in school nurture group / offsite provision): |

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|  **LEARNING INFORMATION** |
| **Subject** |  **Current levels/grades** |  **Attitude to subject** |
| Reading (KS1/2) |  |  |
|  Writing (KS1/2) |  |  |
| English  |  |  |
| Maths |  |  |
| Science |  |  |

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|  **INTERVENTIONS** |
| **Intervention** | **Please****tick** | **Start date** | **End** **date** | **Contact Name****Phone / email** | **Comments / indicate level of success** |
| Literacy/Numeracy intervention |  |  |  |  |  |
| On-site inclusion unit |  |  |  |  |  |
| Risk Assessments |  |  |  |  |  |
| PSP |  |  |  |  |  |
| FNM/CAF/CIN |  |  |  |  |  |
| Group work |  |  |  |  |  |
| Therapy/Counselling |  |  |  |  |  |
| CAMHS |  |  |  |  |  |
| Educational Psychologist |  |  |  |  |  |
| Family–School link worker |  |  |  |  |  |
| EWO |  |  |  |  |  |
| Speech & Language Therapy |  |  |  |  |  |
| YOS |  |  |  |  |  |
| Make a Change Team |  |  |  |  |  |
|  Pending referrals, please specify: |
|  Any other, please specify: |
|  **AREAS OF CONCERN / KEY FOCUS AREAS** |
| Typicality or patterns of behaviour causing a concern: |
| Indicate relevant background and / or home situation: |
| Indicate any adjustments currently in place: |
| Indicate which interventions / strategies / adjustments have been successful? |
| Indicate which interventions / strategies / adjustments have been unsuccessful? |
| Indicate areas of success, strengths and likes? |
| Please indicate below your future plans for the referred student: |

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| **AGREEMENT** Please check the information you have supplied is accurate, then sign below.  |
| * NB: By signing, or electronically signing below you agree to the referral and the cost of any provision agreed.
* A representative from your school will be required to attend a bi-weekly review meeting of progress for each child referred.
* If you are a maintained school and you know the cost of provision, please insert a purchase order number here:
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| **SCHOOL SIGNATURE/S***If sending electronically please insert the name of senior staff who agreed to referral and date agreed.* |
| Signed: |  | Head Teacher: |  | Date: |  |
| **HOME SIGNATURE***If sending electronically please insert the name of parent/carer who agreed to referral and the date agreed.* |
| Signed: |  | Parent(s) / Carer(s): |  | Date: |  |
| **OTHER INVOLVED PROFESSIONALS** *Eg: Social Worker* |
| Signed: |  | Name & Role: |  | Date: |  |

**THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS FORM:**

Medical Evidence (Consultant or Paediatrician letter)

Risk Assessment (Raedwald Trust template)

EHCP (if applicable)

PSED – Personal, Emotional and Development Tracker

Attendance Summary Most recent school report

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| **SAFEGUARDING CHRONOLOGY***Please attach summary or complete below:* |
| **Summary of Safeguarding** | **Date** | **Outcomes** |
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**DATA PROTECTION STATEMENT:**

The personal information you provide on this application will be used by Raedwald Trust for the purpose of arranging bespoke packages and will be shared with allocated teachers. Some of this information, such as health details are defined as “sensitive” under GDPR and by signing this application form you are consenting to our processing this for the purposes described in our policy.